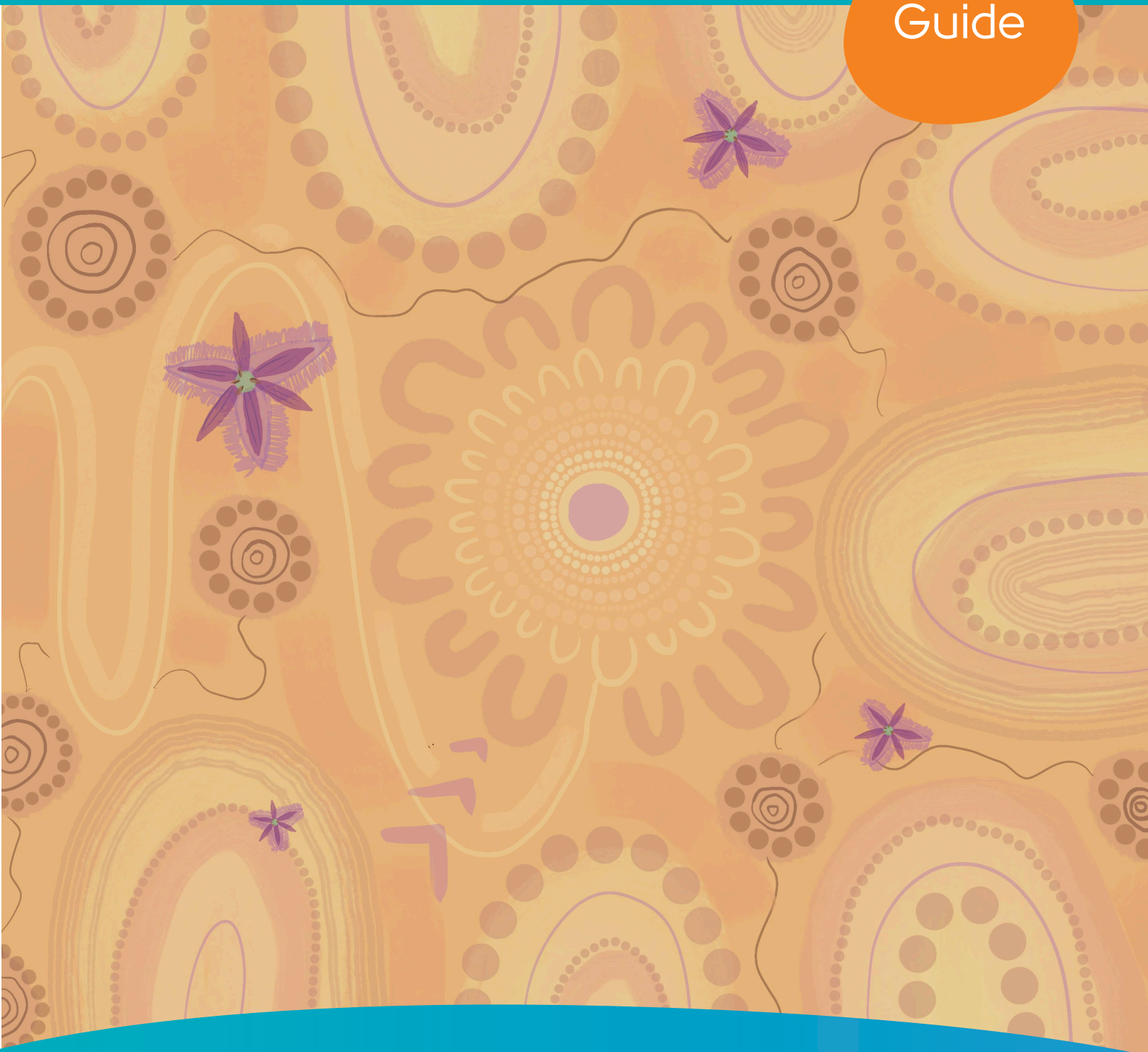
Metropolitan Postvention Response Handbook

Collaborative approach to supporting people bereaved by suicide

Guide



Anglicare WA

ACKNOWLEDGEMENT OF COUNTRY

THE JOURNEY, COMING TOGETHER, WORKING TOGETHER.

We wish to acknowledge the Traditional Owners and recognise their continuing connection to their lands, families, and communities. We pay our respects to Aboriginal and Torres Strait Islander cultures and to Elders past and present. The first step in living alongside and working with the Aboriginal community is built upon establishing respectful relationships. Crucial to these respectful relationships is acknowledging the history of Aboriginal people and recognising the importance of connection to family, culture, and country.

Artwork by Hayley Thompson, *a proud Noongar and Yuggera yorga, who also works for Anglicare WA since 2021, supporting the delivery and development of various state-wide Youth programs across the Anglicare WA Services*

METROPOLITAN POSTVENTION RESPONSE PROTOCOLS

Inside this guide

Acronyms	
MPVC	Metropolitan Postvention Response Coordinator
MPVRG	Metropolitan Postvention Response Group
WAPOL	Western Australia Police Force
AMS	Aboriginal Medical Services

Defintions	
Exposed	Everyone who knew of or identified with the deceased[2]
Impacted	Those within geographical, psychological, and social proximity[1]
Short-term bereaved	Everyone who has grief related reactions[2]
Long-term bereaved	Those who experience extensive grief reactions over a longer period of time[2]

Lived Experience Recognition: We recognise and pay respect to all people who have personal experiences with suicide. We acknowledge all who struggle with mental health and dependency challenges. We also pay respect to those who support and care for them. We pay respect and remember those we have lost and those still fighting through darkness to find hope. We recognise that the voice and insight of people with lived and living experience is essential for the improvement and development of mental health, alcohol and other drug, social emotional wellbeing, suicide prevention and postvention services.

Endorsement: This document is endorsed by the members of the Metropolitan Postvention Response Working Group. It is the responsibility of the chair to ensure the review and revisions are completed as required annually.

What is postvention and why do we respond?

Postvention support refers to activities and strategies (interventions) implemented after the tragic event of a death by suicide. Postvention is recognised by the World Health Organisation as one of the core components for effective suicide prevention. It is defined as "intervention efforts for individuals bereaved or impacted by suicide are implemented to support the grieving process and reduce the possibility of imitative suicidal behavior. These interventions may comprise of school-based, family-focused or community-based postvention initiatives. Outreach to family and friends after a suicide has led to an increase in the use of support groups and bereavement support groups, reducing immediate emotional distress such as depression, anxiety, and despair." [1]

Research conducted in 2020, with over 13 million people globally found that "people who are bereaved by suicide experience a 200% increased risk of suicide themselves."[2] Furthermore, research conducted in Australia showed half the "people who had been exposed to the suicide of a friend, family member or acquaintance who later died by suicide themselves, did so within the first 3-months of bereavement, showing a critical window for postvention."[2]

Although more research is needed to determine the effectiveness of 'active outreach postvention interventions', recent evidence suggests that active outreach to people impacted by suicide, as opposed to passive postvention approaches that require self-help seeking efforts, may have important psychological and psychosocial benefits, such as, increased engagement in bereavement counselling and reduced suicidal ideation. Moreover, people who receive active postvention outreach are more likely to receive support sooner than those who do not. This is important because the needs of people change throughout their bereavement journey, particularly in the early aftermath of a suicide where people may need assistance with practical supports, such as funeral arrangements and financial planning, in addition to psychological support to cope with their grief. Together, these findings have highlighted the need to not only provide psychological but also practical support in a timely and comprehensive way. [3]

WHAT IS THE METRO POSTVENTION RESPONSE GROUP (MPVRG) & THE TYPE OF SUPPORT OFFERED?

The MPVRG works towards achieving coordinated, holistic community support which encourages healing, reduces isolation, destigmatises suicide and promotes awareness of support systems within the community. The MPVRG provides evidence-informed support and referral pathways (practical, financial, clinical, non-clinical and advocacy) to individuals, families and communities impacted by suicide.

When do we provide a Postvention Response?

The MPVRG Meeting will only consider suspected suicides occurring after 1st October 2023 and can be initiated when:

- A suspected suicide occurs within the Perth Metropolitan region; or occurs outside the Perth Metropolitan region and is identified through regional postvention response groups as having a large impact within a Perth Metro Community; and
- The impact of the death is deemed to be high and/or complex using the "Activation Criteria" (see Resource 1)

Who can receive support after a suicide?

Support can be provided to any individual, family, friend, witness, school, workplace, community group, first responder or service provider bereaved or impacted by a suicide. The Circles of Vulnerability Model [5] helps identify those impacted by the incident and a culturally responsible approach is taken when implementing strategies to prevent further harm.

What types of support do we offer?

Physiological Needs

In the initial period after a death by suicide, immediate practical support is most needed for the bereaved - following Maslow's Hierarchy of needs [4]. The support focuses on linking people impacted with practical necessities as required, for example access to food and water,access to safe accommodation, transport assistance and financial support.

Postvention responses to consider:

- Safety
- Forensic Cleaner
- Personal Protective Equipment (PPE)
- Funeral Advocacy
- Extra bedding for guests
- Clothing
- Care for dependents (children, elderly, pets)
- Cleaning/domestic support/skip bins

Psychoeducation and Wellbeing Support

It is important to provide a person-centred approach, allowing individuals to access support aligning with their experiences. The MPVRG aims to ensure people impacted by suicide have awareness on how to access the support timely and effectively. Information about available supports can be provided through a phone call, brochures provided at the time of the incident by a WAPOL representative and other services providers who have contact with the family and surrounding communities and networks.

Sometimes people need guidance through their grief, and assistance to support understanding around physical and emotional experiences.

Psychoeducation and wellbeing support is offering choices and allowing person-centred decisions around required supports. The MPVRG connects impacted people to wellbeing supports, whilst respecting and considering individual, cultural and language needs, such as access and support to translators and interpreters.

A death by suicide can have ripple effects across wide community networks, impacting further than immediate family and next of kin (NoK). The offer of psychoeducation and well-being support should extend to anyone impacted by suicide, including, but not limited to, extended families, friends, co-workers community groups, and people with lived/living experience of suicide. People bereaved by suicide have a significantly increased risk of thinking about suicide as an option for themselves, especially within the first 3 months following the death. It is important to complete a thorough risk assessment, safety planning and connect those at increased risk to appropriate services.

Postvention is recognised by the World Health Organisation as one of the core components for effective suicide prevention

Mental Health

If consent is gained, follow-up support is provided. Significant dates are noted (anniversary of incident, birthdays, release of coronial investigation outcomes) and used as an opportunity to prompt people that support is available, check for emergent or latent trauma reactions, and to explore any signs of underlying mental health challenges. If these are identified, a referral to the GP, or specialised psychological support service may occur and if at anytime the person being supported expresses interest in specialised grief and loss counselling, the connection will occur.

Workplaces/ Social Connections

Social connections are often the best source of support following a suspected suicide. These positive connections can be negatively impacted, highlighting the importance of ensuring those identified within communities are offered supports. In the first few days to weeks following a suspected suicide, support could include:

- A group meeting or debrief for those impacted
- Referral to a lived experience support group
- Postvention individual and group support
- Training to support people bereaved by suicide.
- StandBy Postvention Workplace Toolkits
- Contacts for support services
- Information on self-care and how to access support for bereavement
- Employee Assistance Programs (EAP)

Three months after the incident, the workplace, social/sporting club can be contacted and offered further support. Where a death by suicide has occurred, the offer of suicide awareness, postvention and prevention training can be extended.

Community Wide – Following assessment, a community postvention initiative may be activated, including debriefing a school, offering counselling support at a sporting club, or hosting a community event offering support. The MPVRG explores long-term community-wide initiatives such as periodical community postvention drop-in sessions, yarning circles, bereavement groups or support to organise peer support groups.

After the initial 3–6-month period, the MPVRG can assess if a community meeting/event is useful and address how the community can move forward drawing on the community's strengths.

Meeting/event recommendations:

- Have a clear forward-looking meeting agenda to avoid fracturing the community
- Organising targeted groups and services in collaboration with identified representatives
- Engage a facilitator who is well respected in the community and speakers sourced from referral pathway stakeholders
- Hold events in a neutral and accessible location with a neutral facilitator
- Use consistent key messages, handouts of local service providers and support agencies
- Ensure clinical support workers (counsellors, mental health clinicians, youth workers) are in attendance to offer debriefing or support
- Initiate localised support groups, cultural yarning circles, and clinical group counselling where relevant to specific incidents

Support for people exposed

Witnessing an incident or finding a deceased person is a traumatic experience. This exposure has the potential for distress, stress, psychological harm or poor mental health. As with grief, people react to this in different ways. It is important to ensure the individuals impacted by a suspected suicide, including witnesses and first responders, are offered support and they don't go through the experience alone.

The MPVRG recognises the impact on service providers, including, the potential for burn-out, guilt, self-blame, and vicarious trauma, and identifies people exposed to suicide and offers psychosocial, psychoeducation, practical support, and referral pathways to individuals and/or groups.

These protocols offer evidence-based guidelines and/or models:

- Suicide Clusters and Contagion[5]
- Bereavement Support Triangle[6]
- Postvention Australia Guidelines[7]
- Circle of Vulnerability Model[5]

Metropolitan Postvention Response Group: Terms of Reference

PURPOSE

The Metro Postvention Response Group (MPVRG) has a practical focus, drawing together agencies and services within the Perth Metropolitan (including the Peel region) (see Resource 8) to provide coordinated clinical, practical and holistic support following a suspected suicide.

The MPVRG offers expertise, support and local knowledge to provide critical postvention supports to those bereaved, impacted by or exposed to suicide, including links to holistic community support, in a timely manner. The aim of the MPVRG is to ensure a consistent approach, to reduce duplication of services, explore gaps in support and develop a wrap around action plan following a suspected suicide. The response group will identify actions already underway and support services to prepare for the potential of increased service demand.

FUNCTION

The MPVRG will provide immediate and long-term coordination and support to those bereaved, impacted by or exposed to suicide, including links to holistic community support. The MPVRG will ensure there is a streamlined referral process, develop an action plan within 72 hours of a activation, and provide support as required for 12 months after the notification.

MEMBERSHIP

- Western Australian Police Force (WAPOL)
- Mental Health Commission
- Catholic Education
- Anglicare WA (Metro Postvention Coordinator, ARBOR & CYPRESS Team)
- StandBy Support After Suicide
- Department of Education
- Be You, headspace Schools and Communities
- Thirrili
- Aboriginal Medical Services - Derbarl Yerrigan
- Department of Communities
- Child and Adolescent Health Services
- North, South and East Metropolitan Health Services
- Telethon Kids Institute

MEMBER ROLE FOR A RESPONSE

The Chairperson will email each delegated member representative, with a password protected word document, the demographics, including the deceased's name, date of birth, cultural background (if known), and location of the death along with a 'Team's' meeting invite. The delegated member representative will review the information and forward the meeting invite to the appropriate staff member with the appropriate expertise. If a delegated member sends a proxy on their behalf, the delegated member will brief the staff member and provide a copy of the protocols.

Members will review the details of the deceased, their family and any relevant/notable connections associated with the family/individual. This information will be presented at the response meeting to build a comprehensive action plan using the Circle of Vulnerability Model. The information presented to the group should only be that which is required

MEMBER ORGANISAION RESPONSIBILITIES

- Support the aim and function of the MPVRG by enabling the rapid provision of services and support.
- Actively participate in the development of the action plan.
- Notify the Chairperson if they are unable to complete the agreed tasks.
- Delegate a key contact person/s for the Chairperson to contact when a MPVRG is activated.
- Ensure agreed actions are completed. Support the member or proxy resolve any conflict of interest as it arises.
- If the member organisation is unable to attend the meeting, ensure all relevant information is provided to the Chairperson prior to the meetings.
- Share information for the specific purpose of the MPVRG in a confidential and sensitive manner.

to support people bereaved and/or impacted by the suicide. Information which is not relevant to postvention response should remain confidential to the member organisation, such as explicit childhood traumatic experiences or mental health background. All members will use respectful language and adhere to Mindframe guidelines.

Response Meeting Examples:

- A member of the deceased person's family is currently seeking support from headspace. They are aware the deceased had a boyfriend, and the headspace staff member agrees to speak to the family to find out more information and offer support.
- The mother of the deceased has attempted to take her own life on several occasions prior to the suspected suicide and will require active outreach support.

Confidentiality

All members of the MPVRG are bound by confidentiality to their role and organisation requirements. All members will respect the confidential nature of information shared by other members during the MPVRG meetings.

If another organisation or individual is invited into an MPVRG meeting, the chairperson will provide this Terms of Reference and elicit their agreement with the purpose, aim and confidentiality requirements of participating in the meeting.

Governance

All member organisations who agree to an action identified in the action plan will complete the tasks under the governance, policies and procedures of the respective organisation and be accountable to the MPVRG.

MEETINGS

Frequency

The MPVRG will meet 48-72 hours after a notification of a suspected suicide. Subsequent information will be distributed via email. The meetings will be held via 'Teams'. Any necessary follow up meetings can be scheduled during the MPVRG, if the group agrees the impact is large and/or complex.

Response group debrief sessions will be offered quarterly and held as an opportunity for the members to unpack challenges and increase education around postvention support. The purpose of these debrief sessions is to provide a safe and confidential space for members to share and learn from the experiences of being on a response group.

Other organisations or individuals can be invited onto the MPVRG to discuss a specific notification if they add necessary input into the action plan. This may include but not limited to CALD cultural representation, family of the deceased, LGBTQIA+ groups, disability groups or other organisations providing support.

Chairperson

The MPVRG Chair shall be the North & South Metro Postvention Coordinators employed by Anglicare WA until June 2024. Following the ceasing of funding specific to this project, the North & South Metro StandBy Coordinators employed by Anglicare WA will elect a proxy to act as Chair for the meeting.

Apologies

Apologies regarding non-attendance at a meeting are to be forwarded to the MPVC at the members earliest convenience.

Minutes

Prior to the meeting, basic demographic details will be provided to members to allow time to explore record management systems and/or speak to relevant staff members. After the meeting, the MPVC will provide meeting minutes within 3-5 business days.

ANNUAL REVIEW – Each year, members will be asked to review the current postvention process, provide feedback and, if required, updates for quality assurance. Two complex cases will be de-identified and reviewed by the Metro StandBy Advisory group to identify services provided, gaps in the response and overall feedback from a lived experience and/or alternative service providers perspective.
The MPVC will be responsible for an annual review of membership to include confirmation from each member organisation for their ongoing commitment.

MPVRG Resources

Resource 1: Important Cultural Considerations

The ways that Aboriginal and Torres Strait Islander individuals, families and communities grieve can be different from non-Indigenous grieving. 'Complex kinship systems and tight-knit families, often means that grieving is often done at the community level. However, due to the ongoing trauma from a history of dislocation from family, country, culture and community, Aboriginal and Torres Strait Islander families might experience grief more frequently and intensely than non-Indigenous Australians'[8]

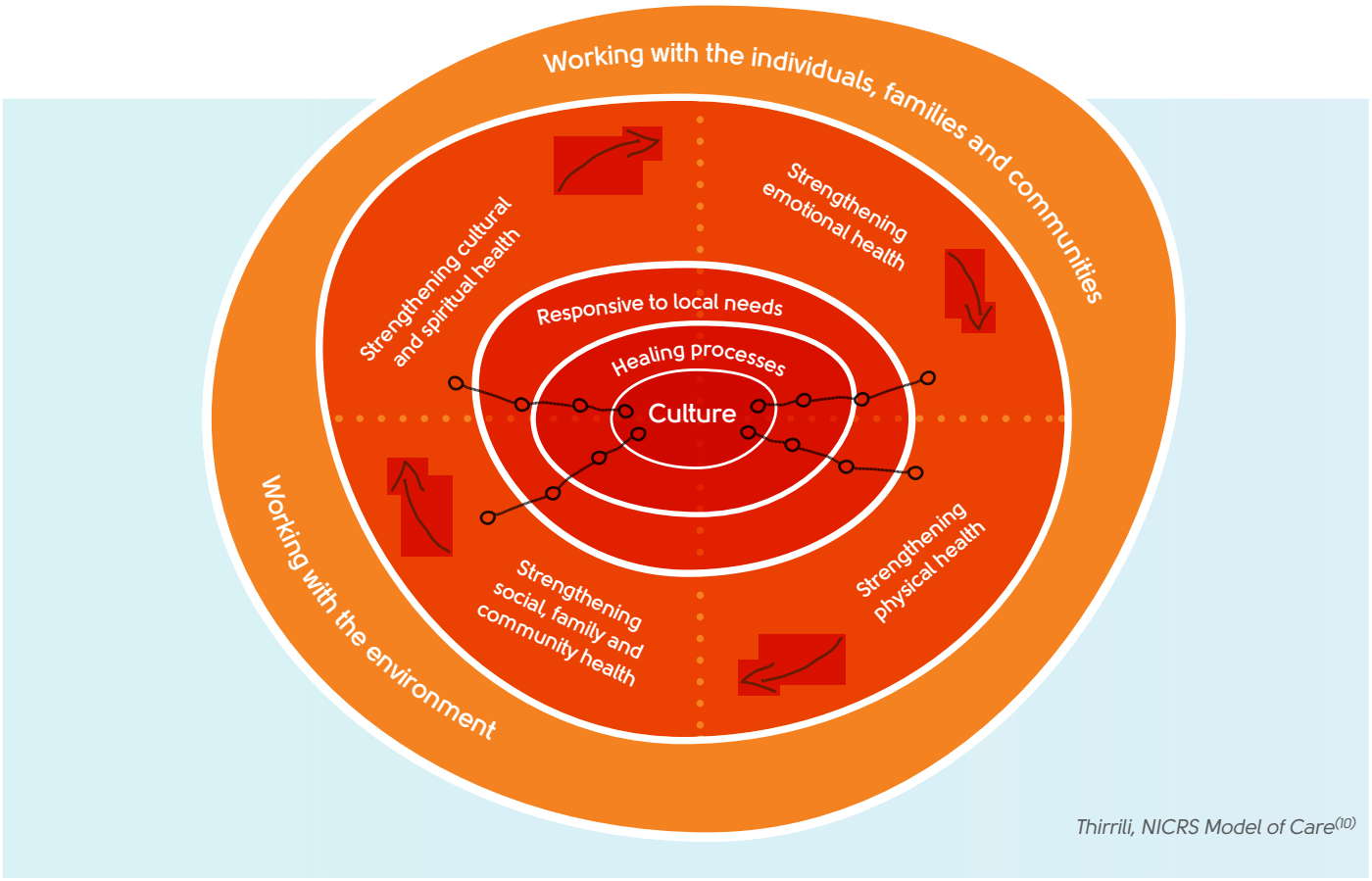
'It is important to acknowledge that many First Nations Australians may experience transgenerational trauma, loss, and grief. Additionally, we must respect and acknowledge kinship links, cultural mourning practices and how the death of one can have a wide impact across communities. It is important to acknowledge community may extend across a wide geographical region. For some, 'Sorry Business' may involve significant time 'returning to country' and being with family.[9] The importance of family and country must not be diminished when assisting those experiencing grief.

The MPVRG aims to strengthen the 'social and emotional wellbeing model depicted in Thirrili's NICRS Model of Care'[10]. MPVRG uses culturally appropriate language and names to describe the death and is guided by Indigenous led services, elders and/or cultural representatives, and the family/individual being supported.

Examples of postvention response considerations:

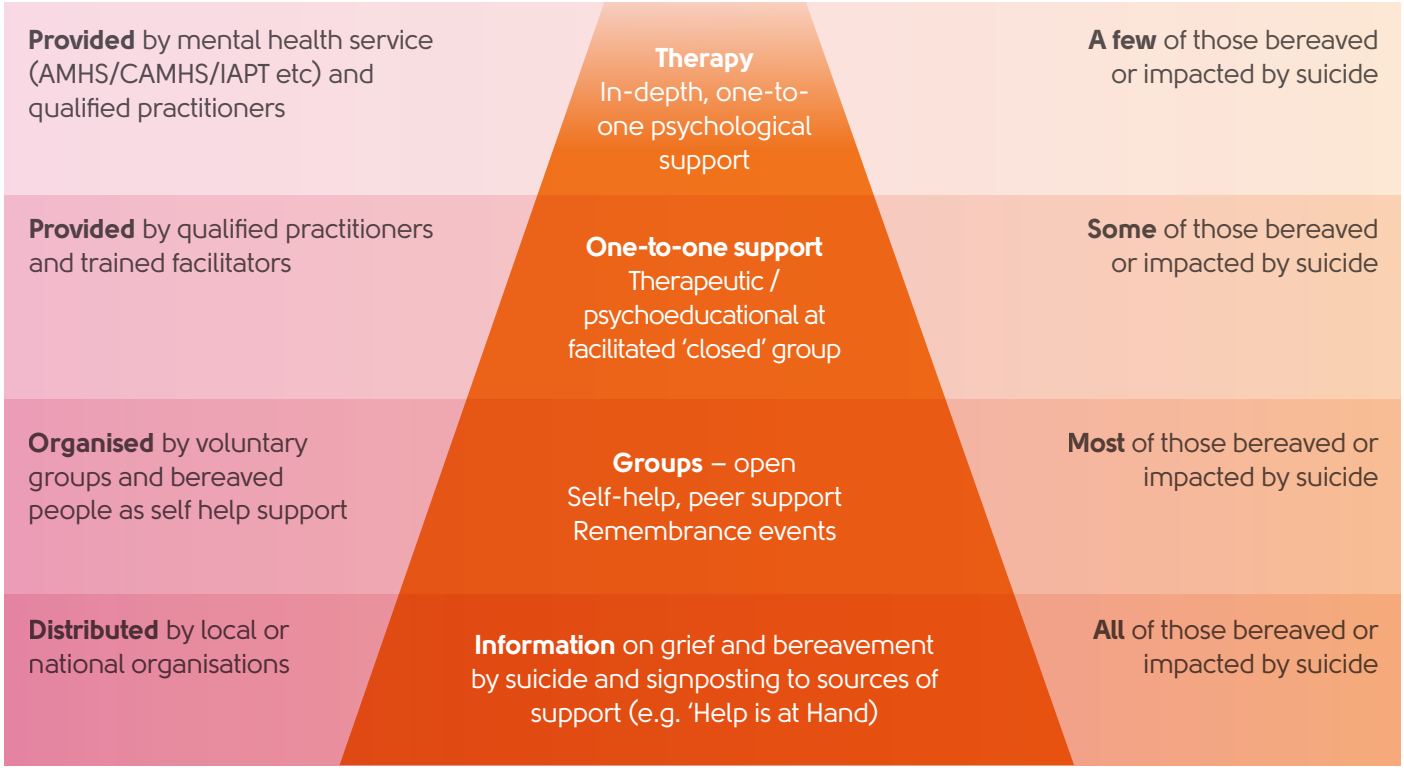
- In some Aboriginal nations, it may be custom to vacate the dwelling if death has occurred in the home
- Family travel accommodation support for 'Sorry time'

Aboriginal and Torres Strait Islander individuals, families and communities often grieve differently from non-Indigenous



Thirrili, NICRS Model of Care[10]

Resource 2: Bereavement support triangle[6]



Public Health England

Resource 3: Postvention Australia – Guidelines/Recommendations[7]

Individual needs of people bereaved by suicide

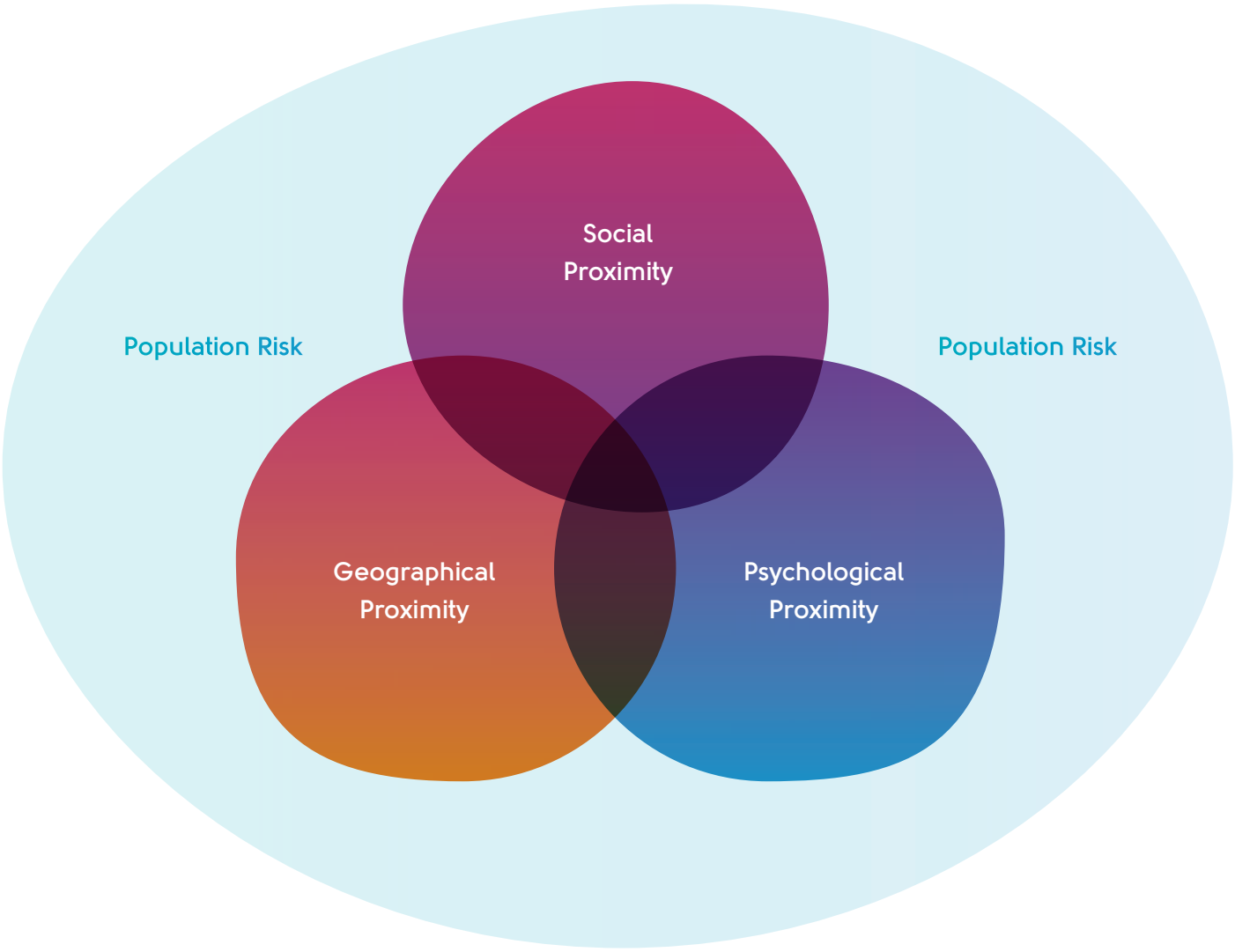
- One size does not fit for all - understand the diverse needs of people impacted by suicide and the changes in those needs at different bereavement stages (including emotional and practical needs, such as counselling, employment, legal advice)
- 'No wrong door' approach – facilitate referrals to other appropriate services, ensuring the bereaved are supported to find the right services.
- Consider a flexible approach to service delivery – both passive and proactive services (e.g., GP takes a proactive approach and contacts the bereaved)
- Consider tailoring services by age, gender and kinship type of the bereaved (e.g., family counselling and other sources for children and adolescents)
- Engage people bereaved by suicide in service development

Provision of Culturally sensitive / appropriate Services

- Be aware of cultural diversity, work respectfully and inclusively
- Ensure sensitivity to gender, sexual orientation, ethnicity, age and all dimensions of diversities
- Provide support, respect, and strive to understand the needs of Aboriginal and Torres Strait Islander people
- Encourage appropriate use of language to avoid stigmatising the service user

Understand the diverse needs of people – One size does not fit all

Resource 4: Circles of Vulnerability – Groups of people that may be impacted by suicide[5]



Population Risk
People who have been exposed to past traumatic events may have pre-existing conditions that further exacerbate psychosocial factors around a suicide-related death in their community, such as:

- Mental health conditions
- Impact of previous traumatic events
- Prior suicidal behaviours, substance abuse, family conflict

Social Proximity
Identifies individuals who have a close relationship with the deceased, e.g.:

- Friends, family, romantic relationships/interests, acquaintances, people who moved in the same social circles, wider cultural or faith community connections
- *Note: A suicide related death by a close person can act as a model for similar behaviours.*

Geographical Proximity
Refers to an eyewitness account, the distance and location of the incident and people who may have been exposed to the event or exposed to visual aftermaths. Media coverage can intensify the proximity and exposure within a community, especially if the method of reporting is sensationalised.

Psychological Proximity
Is used to see how an individual within a community identifies with the deceased. Individuals may have a personal bond with the deceased, sharing:

- Similar stressors (e.g. bullying) identified as contributing to death
- Similar age
- Similar sexual orientation
- Religious/community connections

Social Determinants of Suicide (Hanssens, 2011)

Metropolitan Postvention Response Group Timeline Checklist

Postvention preparedness and coordination of suicide awareness – Wellbeing promotion, advertisement of local support strategies/ services; community/professionals education and awareness.

☐ Members of the Metro Postvention Response Group ensure their organisations have the postvention protocols accessible and understand their roles within a postvention response

24-48 HOURS: NOTIFICATION OF A SUSPECTED SUICIDE

First person/s impacted contacts First Responders > First Responders attend a suspected suicide

☐ WAPOL deems the incident a suspected suicide, completes a Suspected Suicide Death (SSD) form and emails it to standby.wa@anglicarewa.org.au and/or

☐ Any stakeholder can make a referral via standby.wa@anglicarewa.org.au or calling 1300 727 247

☐ MPVC (Chairperson) and Standby Coordinators review SSD and use the Activation Criteria (see over) to determine if an activation of the MPVRG meeting is required

☐ If no MPVRG is required, referral to appropriate postvention service will be completed by the MPVC. If at any stage the postvention service determines there is a large impact refer back to MPVRG to activate response

☐ MPVC schedules an MPVRG meeting (see Terms of Reference for membership)

☐ Response group members review information and forward the meeting invite to the relevant staff member within their organisation

☐ MPVC invites other organisations or individuals to a specific notification if they add necessary input into the action plan (as required)

48-72 HOURS: RESPONSE MEETING/ PLANNING

☐ MPVRG meeting conducted via 'Teams' and an Action Plan developed

☐ MPVRG meeting members decide if follow up meeting is required, or group email updates are sufficient

☐ Members start to act on agreed items of support

☐ Consent obtained if referrals to external organisations are required

☐ MPVC emails action plan to members in 5-7 business days

3-6 MONTHS: SUPPORT PROVIDED

☐ Members continue to action agreed items

☐ MPVC contacts member organisations to ensure agreed actions are completed, to identify gaps and to offer support as required

☐ Provide updates to MPVRG via email if there are any changes or at the completion of the action plan

☐ If the impact remains high to a community, an additional meeting may be held to develop a targeted action plan

6-12 MONTHS: REVIEW AND DEBRIEF

☐ Review Action Plan and schedule follow up meetings (if required) or closure of the response

☐ Debrief, post/prevention training and/or community postvention events/groups (as required)

☐ Long term follow-up and postvention support (ongoing support available)

☐ StandBy or Thirrili continue to support impacted people for 2 years or longer if required

☐ Work alongside communities to provide long term healing with a focus on ongoing grief and loss

☐ Acknowledge the evolution of postvention into prevention

Resource 6. WAPOL – Suspected Suicide Death (SSD) Referral Form

Email standby.wa@anglicarewa.org.au and your local District Office SMAIL. This information will be used to offer support services to people impacted by a suicide death.

To be completed by attending officer.

Police Station:		IMS Ref:	CAD Ref:
Deceased Person			
Deceased Name: Date & time of death:		Deceased's Address (include postcode):	
Method of suspected suicide:		Location of death (address, postcode & location type):	
Describe circumstances leading to suspected suicide: (e.g. relationship breakdown, financial hardship, bullying etc.)		Key groups deceased was connected to (employer, school, social groups etc)?	
Deceased's Age: _____ years of age DOB: __ /__ /____	Aboriginal / Torres Strait Islander? ☐ Yes ☐ No ☐ Unknown	Suspected alcohol or drugs taken? ☐ Yes ☐ No ☐ Unknown	Engaged with mental health services? ☐ Yes Who: _____ ☐ No ☐ Unknown
Gender: ☐ Male ☐ Female ☐ LGBTIQ+ ☐ Unknown	Culturally and Linguistically Diverse (CaLD)? ☐ Yes ☐ No ☐ Unknown Are you aware of information suggesting children or other vulnerable adults are at risk? ☐ Yes ☐ No		
Next of kin or significant other			
NoK/ significant other name:	Relationship to Deceased?		Informed of Death?
Mobile/phone no:	Alternate Mobile:		Email:
Address:			
Has NoK or Significant other been given Bereavement Support Services information? ☐ Yes ☐ No	Would they like to receive a support call from StandBy? ☐ Yes ☐ No If yes, please read out before ticking the yes box below: **I have read and understood the Bereavement Support Services information provided and I give my consent for a referral to the StandBy Support After Suicide Service, understanding that I can withdraw this consent at any time**		
Reg:	Police Witness Name:		Rank:
Phone:	Email:		Signature:

Decision-Making / Activation Criteria

To be assessed by Metropolitan Postvention Coordinator and StandBy Coordinator.

Activation Criteria Questions	Additional Prompting / Clarifying Questions	Graduated Response
1. Is this a death of a young person under 18 years old or currently attending/attended an education institution in the last two years?	• Is the person older than 18 but still attending education provider? • Have they graduated but are still well known within an education provider? • Are there multiple family members and/or friends who still attend an education provider?	If **YES** to either of these criteria **activate** a response meeting
2. Does the person who died have a direct impact on a community of young people?	• Is the person a teacher, coach, counsellor, respected elder and/or mentor of a group of young people?	
Do you foresee...		
3. Potential for significant community distress?	• Is the person well known or have a high profile and/or respected in the community? • Is there increased attention on social media platforms e.g Facebook, Instagram, TikTok? • Are they connected to different organisations in the community e.g. workplace, sporting teams, regular coffee shop, restaurant/pub? • Are there complex factors surrounding the incident e.g. domestic violence, social housing, children with the person deceased or injured? • Was a common public site used? • Are there any current plans for memorial? • Explore local trends.	If assessed to or potential to have a **large impact activate** a response meeting **If not**, refer to **StandBy Support After Suicide or Thirrili**
4. A risk of further suicide attempts, deaths or increased suicidality amongst a population group directly correlated to the suspected suicides?		
5. Circumstances surrounding the death increases the risk to a population group?		
6. Any potential for significant media interest and/or social interest?		
7. Did the incident occur where multiple people were exposed?		
8. Any potential for political interest?		
9. Any linked and/or unlinked suicides which occurred in close spatially or temporal proximity in a community?		

Taken from and adapted by the Social Futures postvention protocols

Resource 8: Agenda part I
Metropolitan Postvention Response Group Meeting

Chair:	**Attendees:**
Date: **TIme:**	**Invited Attendees:**

Item 1 – Faciliated by Chair

1.0 Welcome and Acknowledgments

Acknowledgment of Country: We wish to acknowledge the traditional owners of all the lands on which we meet today. We pay our respects to the Elders past and present, for they hold the memories, the traditions, the culture and hopes of Aboriginal and Torres Strait Islander peoples across the country.

Lived Experience Recognition: We recognise and pay respect to all people who have personal experiences with suicide. We acknowledge all who struggle with mental health challenges and those who support and care for them. We pay respect and remember those that we have lost and those still fighting through darkness to find hope. We recognise that the voice and insight of people with lived experience is essential in the development of suicide prevention and postvention work.

1.1 Confidentiality and conflict of interest declaration

Item 2 – Incident details – Faciliated by Chair

Deceased intials:	**Gender/Age:**	**Incident date:**
Ethnicity:	**Language group:**	**Deceased residence:**
Suicide location:	**Community of origin:**	

Incident details: (Risk factors leading to death, community risk factors, memorial and identify 'unknowns')

Overarching factors: (Community and individual strengths and vulnerabilities, community connections or factors to promote recovery and resiliency, cultural and religious considerations)

Comments on case: (Support identified, immediate/extended family, friends, networks at risk)

Resource 8: Agenda part II
Metropolitan Postvention Response Group Meeting

Item 3 – Identification of those impacted – Faciliated by Chair
1: **Social proximity** Interpersonal relationships (spouse/children/family/friends) 2: **Psychological proximity** Organisational/workplace relationships or community social networks/social media 3: **Geographical proximity** Any person exposed to the critical incident (witnesses, first responders) 4: **Population risk** Whole communities impacted by the critical incident, consider social media impact

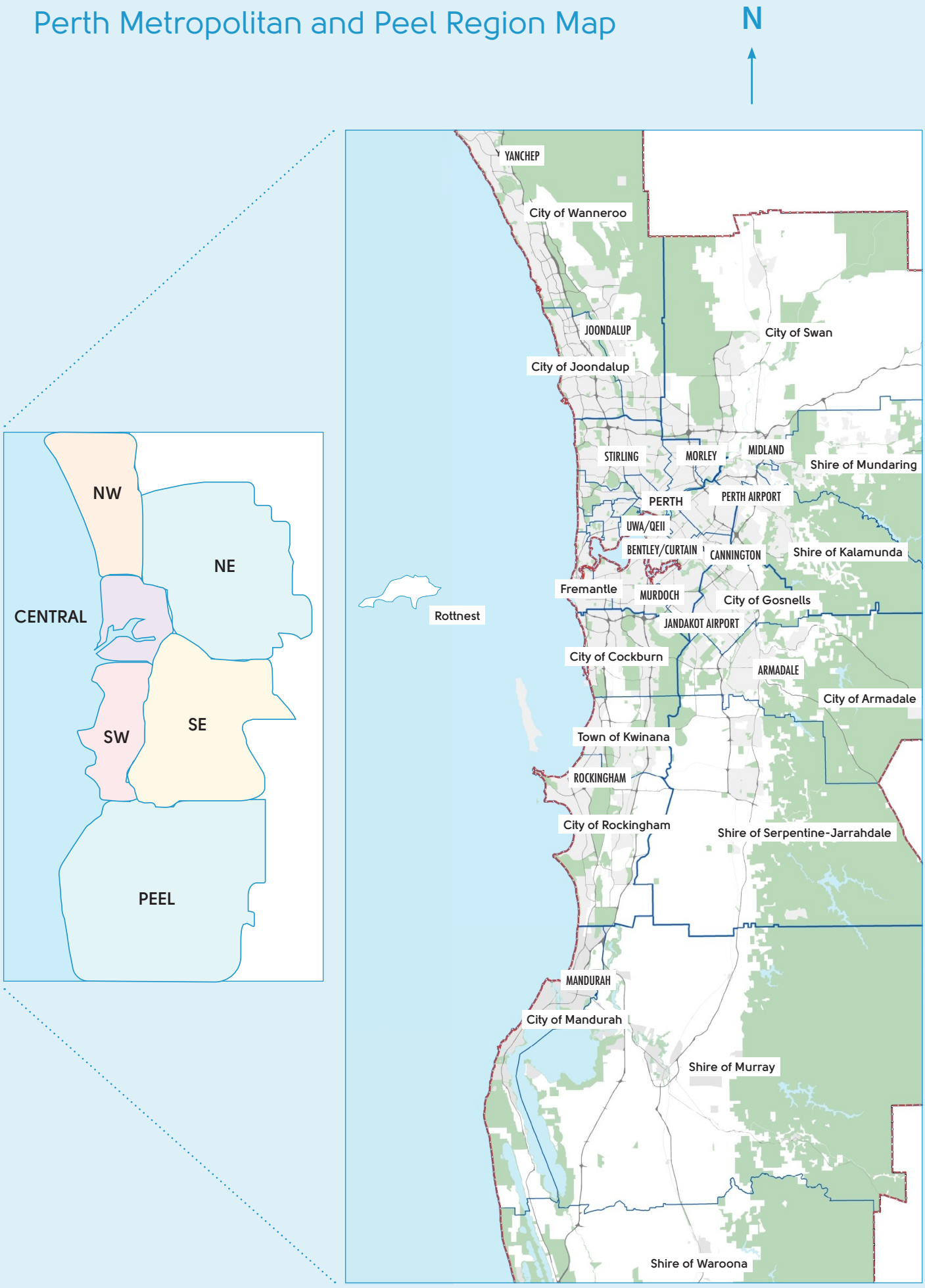
ACTION PLAN

Initials/Contact	Relationship	Support requested/action	Responsible agency person	Status

Next meeting – Confirm follow-up required / Confirm timeline of actions	Chair
Evaluation – If no further action is required, set date for evaluation of process	Chair

Close of meeting

Perth Metropolitan and Peel Region Map



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Thank you

Thank you to all of the members of the Metropolitan Working Group, who provided their valuable time, knowledge, and experience in development of the MPVRG protocols and handbook. A special thank you to those individuals who contributed their essential insight from their own lived experience.

Department of Health, Department of Communities, Department of Education, Thirrili, Anglicare WA, StandBy Support After Suicide, Derbarl Yerrigan Health Services, Mental Health Commission, WAPOL, Neami National, Telethon Kids Institute, Be You/headspace in Schools & Communities, Catholic Education Western Australia.

ARTWORK STORY

HEALING OUR WAY

BY HAYLEY THOMPSON

It has been an honour to develop the artwork "Healing Our Way" for Anglicare WA. The direct work that is done in this program is phenomenal and highly needed in the communities. The story behind "Healing Our Way" holds a special place in my *koort* (heart) and I feel very *woola* (proud) to have been provided the opportunity to create this.

This artwork tells the story of individuals and community healing after the loss of a loved one by suicide. The healing process is not linear, every day is different and this is reflected in the artwork by the curved line leading from the community group. Some days are better than others, and some days the healing is very painful. It is essential that community comes together for postvention support which is why the community is shown in a circle.

The community group is centered in this artwork as this is where the support is provided during this time. Within this community is direct close relations, friends from childhood, sports coach or teacher, even a shop attendant. All of whom can be affected by the loss of someone by suicide in their community.

The outer hill-like symbols represent the different lands of Western Australia, and all of those who are part of the healing journey (both from the community, and within the Anglicare WA support teams).

The flower in this artwork is the Fringed Violet, which has the ability to re-connect the Spirit within after there has been a major shock or trauma to the system that has created a separation. Major shock or trauma can cause the body and aura to be pushed out of alignment, therefore causing imbalances within the body such as panic, shortness of breath or just feeling out of sorts. At times tears or holes in the aura can also be created. Shock can be experienced through such incidents as surgery, the loss of a loved one, bad news or accidents. Shock vibrations can remain within the body and aura for long periods of time. Fringed Violet flower essence will help restore and re-align the body, regardless of how long ago the incidents occurred.

I am so very proud of this artwork and pleased to present it to the Anglicare WA Postvention Team.

ABOUT THE ARTIST

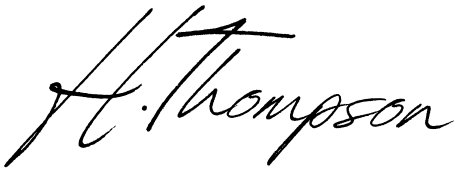
HAYLEY THOMPSON

NOONGAR / YUGGERA

I am a proud Noongar/Yuggera yorga born and raised on Whadjuk Noongar Boodja with family lines through the Perth Metro area, Great Southern Wester Australia and Queensland.

For over ten (10) years I have been actively working in the Youth, Aboriginal Health, and Community Development sectors having experience in both support worker/clinician roles and Program Coordination/ Development roles. Most recently I have focussed on Youth Mental Health, and cultural awareness & engagement. I started my art business almost 2 years ago after growing from a hobby, and love that I am able to share my creative art with community at different levels.

I have always had a passion for visual art, beginning painting as a child, completing my first contemporary Aboriginal art canvas at the age of 14. Art is my peace, it helps me to stay focussed and creative. I love being able to mix both my passions (community development and Aboriginal art), by producing artworks that are meaningful and educational.



HAYLEY THOMPSON
NOONGAR / YUGGERA

INDIGENOUS ART CODE

Postal Address
GPO BOX C138
East Perth WA 6892

Phone 1300 11 44 46
anglicarewa.org.au
@anglicarewa

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